OPHTHALMOLOGY.

36. *Ptosis cured by Croton Oil.*—Dr. Campanelli relates in the *Annali Univ. de Med.*, July, 1835, a case of paralysis of the upper eyelid, which he promptly relieved by the application of four drops of croton oil to the affected lid, and the eyebrow.

37. *Operation proposed by Professor* Jaeger *of Vienna, for the cure of bad cases of Ectropium and Lagophthalmus.*—Dr. Wm. Brown of Glasgow, has given the following account of this operation, in the *London Medical Gazette*, (6th Feb. 1836.) "When the deformity is considerable in cases of ectropium and lagophthalmus produced by a cicatrice of the skin, both the transverse and perpendicular diameters of the eye-lid are faulty in their dimensions; the perpendicular diameter, or the breadth of the eye-lid, is shortened, and the transverse diameter is elongated. The object of Professor Jaeger's operation is to increase the breadth of the eye-lid, and to reduce the transverse elongation to a proper length. This two-fold aim is accomplished by attending to the following indications: 1. Unnatural adhesions to the edge of the orbit are to be loosened by dividing cicatrices. 2. The abnormal length of the palpebral margin (the distance between the external and internal commissures of the eye-lid) is to be diminished to the normal length by excising a quadrilateral shaped portion of the whole thickness of the lid. 3. The breadth of the eye-lid is to be restored by detaching the integuments from the bone in the neighbourhood of the orbit, and drawing them upwards or downwards according to circumstances. 4. The wounds made are to be united by sutures. 5. The position of the new eye-lid is to be maintained by the proper application of plasters, compresses, and bandages. 6. After the operation, the patient is to be treated conformably to the principles of surgery.

The older operators only regarded the perpendicular diameter of the eye-lid, the dimensions of which they unsuccessfully attempted to increase. Sir William Adams was the first to point out and perform a successful operation for reducing the longitudinal diameter of the eye-lid to its normal length. His operation consists in the excision of a triangle-shaped piece from the edge of the eye-lid. Adams also attempted, but he failed as many before him had done, to increase the perpendicular diameter of the eye-lid by incisions in the skin. Fricke and other eminent German surgeons have succeeded in rectifying the faulty breadth of the eye-lid by the transplantation to it of a portion of skin from the brow or cheek, but in their operations they have made no provision for diminishing the horizontal diameter. Both objects are effected by Jaeger's operation.

Jaeger's operation is not intended for simple cases of ectropium. It is meant as a remedy for those cases which are the result of a cicatrice of the skin producing considerable loss of substance in the eye-lid, and where the transverse diameter is too much elongated to admit of the lid coming into contact with the ball of the eye. Where the tarsus is diseased in structure, and abnormal in its course, and where the eye-lid is adherent to the cheek, the edge of the orbit, or to the supra-orbital region, this operation is particularly applicable.

Professor Jaeger performs this operation in lagophthalmus, when much of the eye-ball is exposed, and though the disease be unattended with eversion of the affected lid.

It is also recommended as a suitable operation after the extirpation of excrescences or tumor of considerable size from the eye-lid, when it has been found necessary to remove a portion of the palpebra along with the tumor. In cases of this description, the form of the eye-lid may very frequently be restored by the operation about to be described.

During the performance of this operation, the patient may be seated on a low chair, with his face towards the light. A child may be placed in the lap of an adult. Two assistants are requisite. One of them supports the head of the patient on his breast, and elevates the upper eye-lid when the operation is to be performed upon the under one; the other assistant hands the instruments to the operator, and sponges away the blood. The instruments necessary are two fine scalpels, one of which is to be straight and double-edged, and the other single-edged and convex upon its cutting surface. A dissecting hook and forceps, a

pulsation was felt at the wrist. Nothing very remarkable occurred in the progress of the case for some days; the ligature came away on the 16th day. A short time afterwards the patient was sent into the country, where the wound gradually closed; but the patient suffered pain in the tumour, and inflammation took place around it, which went on to suppuration.

After some weeks' absence, he returned to the hospital to have the abscess opened, as Mr. Earle was apprehensive of secondary hæmorrhage, conceiving that suppuration had taken place in the cyst of the aneurism. A considerable quantity of unhealthy pus was let out, and after some time the opening was enlarged, and a quantity of thick matter, supposed to be laminated coagula, came away; after which the tumor subsided, and the abscess gradually healed, leaving scarcely any perceptible swelling beneath the clavicle. He left the hospital convalescent, and was soon able to return to his work. At this time the pulsation at the wrist, in both radial and ulnar arteries, was nearly equal in strength to that of the right side.

This patient was subsequently attacked with dropsy, and on the 2nd of July, 1835, fell a victim to that disease. "The same evening the vessels were injected from the aorta; and on dissection it was found that the subclavian artery had been tied upon the first rib, close to the outer border of the scalenus muscle. About half an inch of the artery was here deficient. The proximate end of the artery was so firmly closed, that it completely resisted the forcible injection of the wax from the heart. The distal end of the artery was less firmly closed than its proximate end. A portion of the artery, about an inch and a half in extent from the distal end, was contracted, and upon its inner surface was covered by a firmly adhering layer of fibrin. The appearance of this portion of the artery was such as to indicate that no blood had passed through it for a considerable period, probably since the time of the operation. Immediately beyond this contracted portion of the artery some small branches arose; and from the origin of these branches the artery was continued of its full diameter, and with its tube quite free.

The coats of the artery were unaltered in structure.

About an inch below the clavicle, on reflecting the pectoral muscles, a tumor was found lying upon, and in the direction of, the axillary plexus of nerves. This tumour was oblong, full two inches in length, and about an inch and a half in width. Its surface was white. The axillary artery was firmly united to one side of it by dense cellular tissue. Its opposite side was more intimately connected with the axillary nerves. A section of the tumour showed that it consisted of a grayish dense substance, divided into separate portions by white lines extending through it in various directions. A large nerve of the axillary plexus was attached to the upper end of the tumour, and a similar nerve was attached to its lower end. Upon continuing the section of the tumour into the two portions of nerve just mentioned, appearances presented themselves of the nerve at each end of the tumor being here split into filaments, some of which extended upon the surface of the tumor, others into its interior.

The arm had been nourished by the blood which passed into the axillary artery through the anastomoses which existed between the supra-scapular and infra-scapular arteries. The transversalis colli had also taken some share in carrying on the collateral circulation, and was much enlarged. Both it and the supra-scapular were as large as the radial at the wrist, and much more tortuous than those on the opposite side. They were given off by a common trunk from the subclavian, at the distance of a quarter of an inch from the inner edge of the scalenus. No inferior thyroid existed on this side; the gland received a large right inferior thyroid, which was given off by a common trunk with the vertebral, presenting a very rare variety.

This case is most interesting and instructive in many points of view. It teaches us a useful lesson of the necessity for the utmost caution before we decide on the performance of so serious an operation, and the importance of attending to every minute circumstance which may tend to elucidate the nature of the case; and further, it furnishes powerful negative evidence in favour of auscultation, as certainly the usual sound of aneurism was absent in this case.

It is very instructive, in proving that the subclavian artery may be tied with impunity, even where there has been no previous enlargement, and no obstruc-

tion in the main trunk, and no previous enlargement of the collateral channels; none of that preparation which was formerly considered so essential to the successful issue of an operation. In the present case the circulation was so far re-established in two hours and a half after the operation, that the pulse could be distinctly felt at the wrist.

This latter circumstance is interesting, in connexion with the fact that there was no increased temperature in the limb after the operation. In the generality of cases, in proportion as the collateral circulation is re-established, there is an increase of temperature beyond that of the healthy limb, which increase gradually subsides as the circulation is restored in the larger vessels. In the present case the patient always complained of a sense of coldness and numbness in the limb, and frequently applied for flannel to wrap the hand and arm in, although the circulation was quite strong in both radial and ulnar arteries. There cannot, I conceive, be any doubt that this continued coldness was connected with the diseased state of the median nerve."—*London Medical Gazette, July* 11, 1835.

40. *Case of Crural Aneurism—Ligature of the external Iliac Artery—Cure.*—A case of crural aneurism, cured by ligature of the external iliac artery is recorded in the *London Medical Gazette*, (Jan. 30, 1836.) The subject of the case, was a footman 24 years of age, of a plethoric habit, muscular frame and unusually fat for his time of life. Whilst carrying a heavy load, his foot slipped and he was compelled to use considerable muscular effort to prevent his falling. Some time after this he perceived a small swelling in his right groin. Seven months afterwards, when admitted into the Sussex County Hospital, the tumour was the size of a hen's egg, situated an inch below Poupart's ligament, in the course of the crural artery, possessing very active pulsation: when firmly pressed upon, it could be partially emptied of its contents, but regained its original magnitude upon the pressure being removed. The circumference of the upper part of the thigh was four inches greater than that of the sound one, the limb below being increased in proportion. The integuments were of the natural colour; it was unattended with pain or inconvenience in walking; his general health was good, the heart's action regular, and the patient was wholly unconscious of labouring under a disease of importance. He was ordered spare diet, with purging and bleeding at intervals, as a preparatory measure, for three weeks, when he was considered to be in a favourable state for operation.

The operation of tying the external iliac artery was performed by Mr. Tayler, in the following manner:—

The patient being placed in the usual position, an incision, four inches in length, was then directed, more in the course of Poupart's ligament than is usually recommended. This was found greatly to facilitate the after-steps of the operation, from the increased space afforded by the more transverse division of the abdominal parietes. The peritoneum and intestines being held back by an assistant, the ligature was passed from within outwards, the sheath having been previously opened by cautiously scratching with the ivory handle of the knife. The ligature was a single strong cord of unbleached silk. Upon tightening it, the pulsation immediately ceased. The wound was brought together with adhesive plaster, and the patient ordered an anodyne draught. He complained of numbness in the foot for several days, but there was no difference at any time in the temperature of the limbs indicated by the thermometer. It is unnecessary to give a daily report of the case. The ligature came away on the sixteenth day; from which time he progressively improved, and was discharged August the 12th. The patient remained in the hospital until he was sufficiently recovered to resume his usual occupation, the tumour having almost disappeared. I have lately heard of him; the report was, he had never been in better health; the right limb quite as strong as ever.

41. *On the Treatment of Hydrocele by Setons.*—By Mr. Green. Thomas Waterman, ætat 40, weaver, admitted into Isaac's ward, October 25, 1832. A healthy man, of regular habits: is the subject of hydrocele on the right side, which commenced, without any assignable cause, about five or six years since, and has gradually increased in size, but unaccompanied with pain.

Nov. 2nd, 1 P. M.—The operation was performed as follows:—A trocar and